

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003382

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316

Primary Registration District No.

Registrar's No. 2

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rt. 2, Bonne Terre,</u>		c. CITY OR TOWN <u>Bonne Terre, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 2, Bonne Terre,</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2,</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Floyd Homer Stegall</u>		4. DATE OF DEATH Month Day Year <u>January 1, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/27/1895</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u>	
11. BIRTHPLACE (City and state or country) <u>Mine La Motte, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Stegall</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Belle Victory</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellen Jones Stegall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Ellen Stegall, Rt. 2, Bonne Terre, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis - hemiplegia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>Nov.</u> Month, Day, Year <u>1960</u> a.m. <u>10:00</u> p.m. <u>A</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bonne Terre, Mo.</u>	
20g. COUNTY <u>St. Francois</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Nov. 1960</u> to <u>Sept. 1961</u> and last saw him alive on <u>Nov. 1960</u> Death occurred at <u>10:00</u> <u>A</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u>		22b. ADDRESS <u>Bonne Terre, Mo.</u>	
22c. DATE SIGNED <u>1/3/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan. 4, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Primrose Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rt. 2, Bonne Terre, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Dale Sparks</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 4, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Ether Rusk</u>		27. ADDRESS <u>Bonne Terre, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Emmett Sparker

Licensed Embalmer No. 4287

P. O. Address Bonne Terre
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.